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Salt Lake City, UT 84114
Telephone (801) 538-3872

BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

COMPLAINANT:

UTAH INSURANCE DEPARTMENT

RESPONDENT:

Brian Kent Taylor
C/O Primerica
140 W 2100 S Ste 234
Salt Lake City, UT 84112-2046
License No. 210567

**NOTICE OF INFORMAL
ADJUDICATIVE PROCEEDING
AND ORDER**

FAILURE TO PAY FEE

DOCKET No. 2006-155 LC

Enf. Case No. 1918

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated (U.C.A.) §§ 31A-2-101 and 63-46b-3 and Utah Administrative Code (U.A.C.) Rule R590-160. Based upon information contained in agency files or known to the Commissioner, the Commissioner makes the following:

FINDINGS OF FACT

1. Respondent is an insurance producer authorized to do the business of insurance in the State of Utah holding license number 210567.
2. Respondent was assessed an address correction fee in the amount of \$35.00 pursuant to U.A.C. Rule R590-102-15(7) on February 8, 2006, that was due on March 15, 2006.
3. Respondent failed to pay the address correction fee when due.

4. Respondent was notified of the past-due fee, and was sent a third invoice on or about June 11, 2006, by certified mail. As of the date of this action, Respondent has failed to pay the fee assessed.

Having entered his Findings of Fact, the Commissioner now enters his:

CONCLUSION OF LAW

1. In failing to pay the address correction fee when due, Respondent violated U.A.C. Rule R590-102-15(7).

2. Pursuant to U.C.A. § 31A-2-308(1)(b)(i), when a licensee violates an Insurance Department Rule, the commissioner may assess an administrative forfeiture of up to \$2,500.00 per violation.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

ORDER

IT IS HEREBY ORDERED:

1. Respondent shall pay an administrative forfeiture in the amount of \$100.00. Said forfeiture shall be paid no later than ten (10) days after the date this Order becomes final.

2. Respondent shall also pay the assessed address correction fee in the amount of \$35.00, in addition to the forfeiture assessed herein. Said payment shall be made no later than ten (10) days after the date this Order becomes final.

3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the

request and shall state the basis for the relief requested.

NOTIFICATION

If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, P.O. Box 146901, Salt Lake City, Utah 84114-6901, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

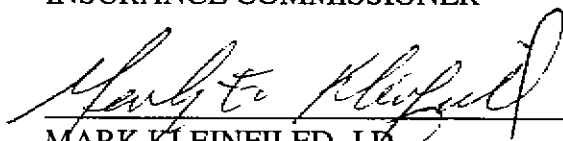
You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

Questions regarding this Adjudicative Proceeding should be directed to Jenifer Baker, at the Utah Insurance Department (801) 537-9273.

DATED THIS 5th day of December, 2006.

D. KENT MICHIE
INSURANCE COMMISSIONER



MARK KLEINFELD, J.D.
ADMINISTRATIVE LAW JUDGE
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, Utah 84114
Telephone (801) 538-3800

CERTIFICATE OF MAILING

I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

NOTICE OF INFORMAL ADJUDICATIVE
PROCEEDING & ORDER

FAILURE TO PAY FEE

To the following:

BRIAN KENT TAYLOR
C/O PRIMERICA
140 WEST 2100 SO. STE 234
SALT LAKE CITY, UT 84112-2046

DATED this 5th day of December, 2006


Linda Hardy Insurance Technician

UTAH
Invoice - Original

Page 1

Printed Date: December 05, 2006

Invoice Date: December 05, 2006
Balance Due: \$100.00
Due Date: December 16, 2006
Invoice ID: 314017
Payor ID: 98537

TAYLOR BRIAN KENT
PRIMERICA
140 WEST 2100 SOUTH STE 234
SALT LAKE CITY UT 84112-2046

Item Description	Amount
12/5/2006 Monetary Penalty Individual	\$100.00
E-Case 1918 Docket 2006-155 LC	
Original Amount Due	\$100.00

UTAH
Invoice - Original

Invoice Date: December 05, 2006
Balance Due: \$100.00
Due Date: December 16, 2006
Invoice ID: 314017
Payor ID: 98537
Payor Name: TAYLOR, BRIAN
KENT

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

UTAH
Invoice - Original

Page 1

Printed Date: December 05, 2006

Invoice Date: February 08, 2006
Balance Due: \$35.00
Due Date: March 15, 2006
Invoice ID: 277737
Payor ID: 98537

TAYLOR BRIAN KENT
PRIMERICA
140 WEST 2100 SOUTH STE 234
SALT LAKE CITY UT 84112-2046

Item Description	Amount
2/8/2006 Producer Address Correction	\$35.00
Original Amount Due	\$35.00

UTAH
Invoice - Original

Invoice Date: February 08, 2006
Balance Due: \$35.00
Due Date: March 15, 2006
Invoice ID: 277737
Payor ID: 98537
Payor Name: TAYLOR, BRIAN
KENT

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901